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Attorney Docket	BERK-010CIP
First Named	MANNING JR., WILLIAM C.
Application Number	09/665,493
Confirmation No.	1563
Filing Date	September 20, 2000
Group Art Unit	1632
Examiner Name	TON, THAIAN N.
Title:	"USE OF RECOMBINANT GENE DELIVERY VECTORS FOR TREATING OR PREVENTING DISEASES OF THE EYE"

Sir:


This is to request the Examiner's approval of replacement Fig. 30.

Replacement Fig. 30 as provided herewith has been amended to correct the sequence identification numbers as requested in the Notice of Allowability dated January 26, 2005, page 3.

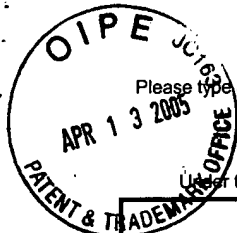
The Commissioner is hereby authorized to charge any fees under 37 C.F.R. §§ 1.16 and 1.17 which may be required by this paper, or to credit any overpayment, to Deposit Account No. 50-0815.

Respectfully submitted,

Date: April 13, 2005

By:   
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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

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Total Number of Pages in This Submission 5

### ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input checked="" type="checkbox"/> Communication re Replacement of figure (1 pg.) Replacement Figure 30 (1 pg.) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Part B – Fee Transmittal in Duplicate for Issue Fee (2 pgs.) <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  POSTCARD
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Remarks

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Signing Attorney/Agent (Reg. No.)	EDWARD J. BABA, 52,581 BOZICEVIC, FIELD & FRANCIS, LLP
Signature	
Date	April 13, 2005

**EXPRESS MAIL LABEL NO. EV 577672593 US**

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